

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14690

State File No. 14690

Registrar's No. 22828

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		State File No. 14690		Registrar's No. 22828			
1. PLACE OF DEATH a. COUNTY JASPER					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE NEVADA b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN			c. LENGTH OF STAY (In this place) FEW MIN.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAS VEGAS 8270						
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA FREEMAN HOSPITAL					d. STREET ADDRESS (If rural, give location) 117 VAN BUREN 8						
3. NAME OF DECEASED (Type or Print) EUGENE			a. (First)		b. (Middle)		c. (Last) ENNIS		4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1953		
5. SEX 2 MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0		8. DATE OF BIRTH MARCH 18, 1953		9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Days 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LAS VEGAS, NEVADA /			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME CURTIS ENNIS			13b. MOTHER'S MAIDEN NAME JERALEAN HOWARD			14. NAME OF HUSBAND OR WIFE = 3 -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JERALEAN ENNIS, 117 VAN BUREN, LAS VEGAS, NEV.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Joplin		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Missouri							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 5/7, 1953, to 5/7, 1953, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. H. [Signature]					23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.			23c. DATE SIGNED 5/8/53			
24a. PORTAL CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-8-53		24c. NAME OF CEMETERY OR CREMATORY TALLULAH		24d. LOCATION (City, town, or county) (State) LOUISIANA					
DATE REC'D BY LOCAL REG. 5-8-53		REGISTRAR'S SIGNATURE J. H. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-12-53  
Jasper County Health Office

County File Number 53-5-413

Date Filed 5-12-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*F. M. Jones*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2218

P. O. Address *Jasper Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.